

Registered with the Registrar  
of Newspapers for India under  
No. M. 8270



Registered No.  
TN/PMG(CCR)/42/09-11  
WPP No. 88(556)  
Dated : 12-3-2010  
Price : Rs. 15-00

**புதுச்சேரி மாநில அரசிதழ்**  
**La Gazette de L'État de Poudouchéry**  
**The Gazette of Puducherry**

**PART - II**

<b>சிறப்பு வெளியீடு</b>	<b>EXTRAORDINAIRE</b>	<b>EXTRAORDINARY</b>
அதிகாரம் பெற்ற வெளியீடு	Publiée par Autorité	Published by Authority
விலை : ரூ. 15-00	Prix : Rs. 15-00	Price : Rs. 15-00

எண் } புதுச்சேரி வெள்ளிக்கிழமை 2010 ஆம் மார்ச் 12	
No. } 11 Poudouchéry Vendredi 12	Mars 2010
No. } Puducherry Friday 12th	March 2010
(21 Phalguna 1931)	

**GOVERNMENT OF PUDUCHERRY**  
**DEPARTMENT OF REVENUE AND DISASTER MANAGEMENT**

*(G.O. Ms. No. 54, dated 3rd March 2010)*

**ORDER**

The object of providing financial assistance to Below Poverty Line family members (Red Ration Card Holders) in the Union territory of Puducherry, in the event of death of family members is being achieved by implementation of various schemes.

2. The Department of Revenue and Disaster Management implemented an Insurance Scheme “Janashree Bima Yojana” (JBY) through Life Insurance Corporation of India for one year period ending 4-2-2005 for which the entire premium had been paid by the Government. Under this scheme, when the family members die either naturally or accidentally or become disabled, financial assistance was provided to that BPL family as detailed below:

	Rs.
(a) Accidental Death	.. 50,000
(b) Death by any means	.. 20,000
(c) Permanent Total Disability(PTD) <i>i.e.</i> Loss of 2 eyes or 2 limbs or 1 eye and 1 limb.	.. 50,000
(d) Partial Permanent Total Disability Loss of 1 eye or 1 limb (Partial PTD).	.. 25,000

In addition to the above benefits, the insurance scheme extended scholarship of Rs. 1,200 per year to all the students of 9th to 12th studying in Government schools of Union Territory.

3. In order to increase the number of beneficiaries and the quantum of benefit as announced by the then Hon'ble Chief Minister in his Budget speech a new scheme *viz.* “Rajiv Gandhi Social Security Scheme for Poor Families” is implemented *in lieu of* JBY with effect from 5-2-2005 with the Corpus Fund maintained by the respective District Collectors, Puducherry and Karaikal under the Rules for “Rajiv Gandhi Social Security Scheme for Poor Families – 2005” and the assistance under this scheme is as follows :

	Rs.
(a) In case of natural death	.. 25,000
(b) Death by means of Accident	.. 50,000
(c) Permanent Total Disability due to Accident	.. 50,000
(d) Partial Total Disability due to Accident	.. 25,000

4. Though the Rajiv Gandhi Social Security Scheme for Poor Families – 2005 is being implemented successfully, the LIC of India approached the Government of Puducherry with enhanced benefit in the name of revised JBY(AAM ADMI) Scheme as follows :

	Rs.
(a) On Normal Death	.. 30,000
(b) On Death due to Accident	.. 75,000
(c) Total Partial Permanent Disability due to Accident.	.. 37,500
(d) Total Permanent Disability due to Accident	.. 75,000
(e) For spouse only death benefit payable (both Natural and Accidental Death).	.. 20,000
(f) Scholarship at Rs. 1,200 for all Government school student studying from 9th to 12th Standard payable half yearly (July and January) for the academic year .	

5. The cost benefit analysis of both schemes shows that the revised Janashree Bima Yojana (AAM ADMI) proposal of LIC of India is beneficial to the Government. The scheme envisages the benefit to the eligible members of BPL families or in other words the Red Ration Card Holders of the Union territory of Puducherry. The Scheme also ensures a special benefit of providing scholarship to school going children as provided for in the Scheme. The sanctioning and quantum of Scholarship will be decided by the Corporate Office on guidelines issued by Central Government on year to year basis. Therefore, implementation of "Janashree Bima Yojana (AAM ADMI) Scheme" through LIC of India is being more beneficial to achieve the aim of providing adequate assistance to BPL families.

6. Therefore, it has been decided to implement the Janashree Bima Yojana (AAM ADMI) scheme through LIC of India in the Union territory of Puducherry in the name of "Rajiv Gandhi Janashree Bima

Yojana (AAM ADMI)". Under this Scheme the eligible members of the BPL / Red Ration Card Holders will be benefited with financial assistance as detailed in para 4 above, in the event of death / disability of any of their family members in the age group of 18 to 60 years. The scholarship scheme under "Shiksha Sahayog Yojana" will be an add-on facility to this scheme as mentioned in para 4 above. The Department of Revenue and Disaster Management, Puducherry headed by the Special Secretary (Revenue) shall be the Nodal Department. The premium will be paid by the Government and the Master Policy will be held by the Special Secretary (Revenue), Puducherry. The Nodal Department will execute an agreement with the LIC of India for the purpose of implementation of the scheme.

7. The rules, procedures agreement etc. for the implementation of the scheme are given as Annexure as detailed below:

Annexure (1)	Subject (2)
Annexure-I	Master proposal for Group Insurance Scheme under Rajiv Gandhi Janashree Bima Yojana (AAM ADMI) subsidized from the Social Security Fund for members of Below the Poverty Line (Red Ration Card Holders) families of the Union territory of Puducherry.
Annexure-I A	Rajiv Gandhi Janashree Bima Yojana (AAM ADMI) Rules.
Annexure-II	Master proposal for Group Insurance Scheme for the eligible spouses of the BPL family members of the Union territory of Puducherry.
Annexure-IIA	Rules of Group Insurance Scheme for spouses of Rajiv Gandhi Janashree Bima Yojana (AAM ADMI).
Annexure-III	Claim-cum-Discharge form in the event of death of Head of Family.
Annexure-III A	Claim-cum-Discharge form in the event of death of Spouse.

(1)	(2)
Annexure-III B	Claim- <i>cum</i> -Discharge form in the event of death of dependant family members.
Annexure-IV	Claim form for claiming disability benefit.
Annexure-IV A	Form to be filled in by the Doctor / Hospital treating the assured for his ailments / injuries / disability.
Annexure -V	Application for scholarship under Shiksha Sahayog Yojana.
Annexure-V A	Statement of students eligible for scholarship under Shiksha Sahayog Yojana.
Annexure-V B	Certificate of utilisation.
Annexure-VI	Claim procedure to be followed under the Scheme

If any doubt / difficulty arises as to the implementation of the scheme, the Special Secretary (Revenue), Puducherry shall clarify it in consultation with the LIC of India and issue instructions as deemed fit to Government Officials for the speedy implementation of the Scheme.

8. Sanction of the Lieutenant-Governor, Puducherry is hereby accorded to implement the Group Insurance Scheme for all the Below Poverty Line (BPL) family members or in other words Red Ration Card Holders in the Union territory of Puducherry through Life Insurance Corporation of India, Puducherry in the name and style of "Rajiv Gandhi Janashree Bima Yojana (AAM ADMI). For this purpose the Government will pay the premium to the LIC of India, Vellore Branch through the Nodal Department *viz.* Department of Revenue and Disaster Management, Puducherry. This scheme shall come into force from date of payment of premium to the LIC. This Scheme is renewable every year as per rules/procedure. The financial assistance in respect of death / accident occurred before the date of payment of premium to LIC shall be provided as per eligibility under the Rules for "Rajiv Gandhi Social Security Scheme for Poor Families, 2005."

9. This is issued with the concurrence of the Finance Department *vide* their U.O No. 21310/08/F4, dated 16-3-2009.

(By order of the Lieutenant-Governor)

**G. RAGESH CHANDRA,**  
Special Secretary to Government.

---

ANNEXURE – I

LIFE INSURANCE CORPORATION OF INDIA  
**PENSION AND GROUP SCHEMES DEPARTMENT**  
**VELLORE BRANCH OFFICE**

Proposal No. GI/JBY/.....

Master Proposal for Group Insurance Scheme under “Rajiv Gandhi Janashree Bima Yojana (AAM ADMI)” subsidised from the Social Security Fund for the Members of Below the Poverty Line (Red Ration Card Holders) families of the Union territory of Puducherry.

1. Name of Proposer and Address :
2. Particulars of Nodal Agency :
3. Scheme to be described as :
4. Date of commencement of the :  
Scheme.
  - (a) Effective date :
5. Eligibility for membership of the :  
Scheme.
6. (a) Participation :
  - (b) No. of members proposed to :  
be covered.

7. Date of cessation of risk, if any : Date on which the member completes the age of 60 years.

Rs.

8. Benefits required on the death : (1) On Normal Death . . 30,000  
of an eligible member. (2) On Death due to . . 75,000  
Accident.  
(3) On Total Permanent . . 75,000  
Disability due to  
Accident.  
(4) On Partial . . 37,500  
P e r m a n e n t  
Disability due to  
Accident.

9. Amount of Contribution payable : Rs. 100  
by the Nodal Agency for S.A in  
(8) above per member insured.

10. Mode of payment of Contribution : Yearly

Date : *Signature of the Authorised  
Official of the Nodal Agency.*

#### DECLARATION

We request Life Insurance Corporation of India to issue a Master Policy on the basis of the information furnished by us and such further information which the Corporation may require us to give for the purpose of the scheme referred to above and to effect the necessary assurance thereunder in accordance with the provision of the rules of the said scheme, certified true copy of which is attached hereto.

It is hereby declared that, we undertake and bind ourselves to furnish to the Corporation full particulars as may be necessary of all statement, declarations by eligible members, reports, certificates, if

any, in respect of every person on whose life the assurance or assurances are to be effected under the Master Policy form and manner required by the Corporation. We further agree that this proposal together with the particular statements and declarations, if any, by the eligible members and ourselves shall form the basis of the Master Policy. We also agree that assurances proposed under the scheme shall not be binding on the Corporation until they are accepted by the Corporation in writing and the amounts of premium thereunder demanded by the Corporation shall have been duly paid.

We confirm the accuracy of the above particulars and agree that the Master Policy to be issued consequent upon this proposal shall be issued only on the basis that any statement made or to be made to the assured thereunder shall be true and correct in every particular and we further agree that any misstatement or untrue averment, on the basis of which the assurances have been effected on the life of any member, shall render voidable the particular assurance or assurances in respect of which the misstatement or untrue averment by whomsoever has been made.

Dated at Puducherry on \_\_\_\_\_

*For and on behalf of the Nodal Agency*

*Seal*

*Authorised Signatories.*

ANNEXURE – I A

**RULES OF RAJIV GANDHI JANASHREE BIMA YOJANA (AAM ADMI)  
SUBSIDISED FROM THE SOCIAL SECURITY FUND**

1. *Definitions.*— In these rules, the following words and expressions shall, unless repugnant to the context, have the following meanings :—

(i) “The Scheme” shall mean the “Rajiv Gandhi Janashree Bima Yojana (AAM ADMI)”.



(ii) "Nodal Agency" shall mean the Department of Revenue and Disaster Management, Saram, Puducherry in the Union territory of Puducherry for the time being appointed to administer the Scheme.

(iii) "The Corporation" shall mean the Life Insurance Corporation of India established under Section 3 of the Life Insurance Corporation Act, 1956.

(iv) "The Member" shall mean member of the Family (Red Ration Card Holder) in the Union territory of Puducherry who satisfies the eligibility condition and who has been admitted to the membership of the scheme.

(v) "The Insured Member" shall mean the particular Member who has been admitted to the Membership of the Scheme and on whose life an Assurance has been or is to be effected in accordance with the Rules.

(vi) "The Rules" shall mean the Rules of the Scheme as set out below and as amended from time to time.

(vii) "Effective Date" shall mean the Date of Receipt of Premium :

(a) Date of commencement 1st Day of \_\_\_\_\_.

(viii) "Entry Date" shall mean :—

(a) In relation to the Members admitted to the Scheme on the Effective Date; and

(b) In relation to new members will be included in the next Annual Renewal Date.

(ix) "Annual Renewal Date" shall mean in relation to the Scheme the 1st day of \_\_\_\_\_ and the 1st day of \_\_\_\_\_ in each subsequent year.

(x) "Terminal Date" shall mean in respect of each Insured Member the date on which he completes the age of 60 years.

(xi) "The Assurance" shall mean the particular assurance to be effected on the life of the Member.

(xii) "The Beneficiary" shall mean the person or person who has/have been appointed by the Insured Member as Beneficiary/ Beneficiaries and whose name or names have been entered in the Register of Insured Members kept by the Nodal Agency.

2. The Nodal Agency will act for and on behalf of the Insured Member in all matters relating to the scheme and every act done by agreement made with and notice given to the Corporation by the Nodal Agency shall be binding on the members.

3. *Nodal Agency to furnish particulars.*— The Nodal Agency shall furnish to the Corporation all the relevant particulars of the Members as are required in connection with the administration of the Scheme, such as particulars of New Members, Death of Insured Members and other particulars for verification or eligibility conditions.

The Nodal Agency shall furnish to the Corporation all the relevant particulars as may be called for by the Corporation.

4. *Eligibility.*— (a) All male and female members who are :

- (i) aged not less than 18 years and not more than 60 years;
- (ii) members of Red Ration Card Holders of Union territory; and
- (iii) below the poverty line or marginally above the poverty line (Red Ration Card Holders).

Present members who on the effective date satisfy the above eligibility condition shall join the Scheme as from that date. Present members who are not within the above category on the effective date and future members shall join the Scheme on the date on which they satisfy the above eligibility conditions.

(b) No Insured Member shall withdraw from the scheme while he is still an eligible member satisfying the conditions of eligibility described above.

(c) An Insured Member shall participate in the benefits of the Scheme as long as he is eligible. He shall cease to be an Insured Member as from the date on which he ceases to fulfill the eligibility conditions.

(d) Minimum membership should be 25.

5. *Admission of age.*— The Nodal Agency shall ensure that evidence of age satisfactory to the Corporation is furnished by every member at the time of his joining the scheme.

6. *Admission of Member.*— For the purpose of admission into the Scheme, the Nodal Agency shall make an application in the prescribed form (Annexure-I). The application form duly completed by the Nodal Agency along with two copies of the Register of Members in the prescribed form shall be maintained by the Nodal Agency. If the declaration of health made by the Member and other particulars in the application form are found to be satisfactory, the Nodal Agency shall admit him into the Scheme. The decision of the Nodal Agency in this regard shall be final. The Nodal Agency shall maintain one copy of the Register of Members covered under the scheme and submit one copy thereof to the Corporation.

7. *Assurance.*— All assurance shall be effected on the life of each Insured Member under One Year Renewable Group Term Assurance Plan for a sum assured of Rs. 30,000. Subject to the provision of these rules, the assurances shall be renewed on each Annual Renewal Date. The assurance shall be held by the Nodal Agency UPON TRUST for the benefit of the persons entitled to in accordance with these rules.

8. *Annual premium and contribution.*— The annual premium payable for securing assurances in para (7) shall be at the rate of Rs. 100 per member per Rs. 30,000 sum assured.

Out of the annual premium of Rs. 200 mentioned above for every member, each Union / State Government shall contribute 50% of the premium, *i.e.*, a sum of Rs. 100 unless revised. This contribution shall be payable on the entry date and on each subsequent annual renewal date.

The balance of 50% of the premium per member payable on the entry date and each subsequent annual renewal date shall be adjusted out of the Social Security Fund set up by the Corporation.

The conditions of assurance and rates of premium may be revised upward or downward by the Corporation based on claim experience on annual renewal date subject to 3 months' notice being given to the Nodal Agency.

The Nodal Agency shall arrange to remit the amount of Members' Share of Premium (*i.e.* 50% of the total premium) to designated office of the Corporation, as may be intimated.

9. *Benefits on death prior to terminal date.*— Upon the death of an Insured Member whilst he is insured prior to terminal date, the sum assured of Rs. 30,000 shall become payable to the Nodal Agency for the benefits of the Beneficiary of the Insured Member.

In case of death or partial/total permanent disability due to accident (as herein after defined) the following benefits shall become payable :

	Rs.
1. On death	.. 75,000
2. Permanent total disability	.. 75,000
3. Loss of two eyes or two limbs or one eye and one limb.	.. 75,000
4. Loss of one eye or one limb	.. 37,500

“Death / Partial / Total Permanent Disability due to Accident” shall mean the death / disability occurring within three calendar months of the happening of bodily injury, resulting solely and directly from accident caused by violent, external and visible means independently of any other cause, but not the death / disability by the following :

- (a) Caused by intentional self injury, suicide or attempted suicide, insanity or immorality or whilst the member is under the influence of intoxicating liquor, drug or narcotic, or

- (b) Caused by injuries resulting from riots, civil commotion, rebellion, war (whether war be declared or not) invasion, hunting, mountaineering, steeple chasing or racing of any kind, or
- (c) Resulting from the member committing any breach of the law.

10. *Termination of assurance.*— The assurance on the life of an Insured Member shall immediately terminate upon the happening of any of the following events and no benefit will become payable there under :

- (a) Discontinuance of contributions relating to the assurance, or
- (b) The Insured Member reaching the terminal date, or
- (c) The Insured Member ceasing to satisfy one or more of the eligibility conditions, or
- (d) The Insured Member ceasing to be a Member of the Rajiv Gandhi Janashree Bima Yojana (AAM ADMI).

11. *Restraint on assignment.*— The benefits assured under this scheme are strictly personal and cannot be assigned, charged or alienated in any way.

12. *Discontinuance of the Scheme.*— The Nodal Agency reserves the right to discontinue the Scheme at any time on any annual renewal date, subject to three months notice being given to the Corporation. The Corporation also reserves a similar right to discontinue the Scheme giving three months notice.

13. *Jurisdiction.*— All assurances issued under the Scheme shall be Indian contracts. They will be subject to Indian Laws including the Indian Insurance Act, 1938 as amended, the Life Insurance Corporation Act of 1956, the Income Tax Act, 1961 and to any Legislation subsequently introduced. All benefits under the Scheme arising out of death of any Insured Member shall payable in Indian rupees.

14. *Master Policy.*— The Nodal Agency will be required to complete a Master Proposal form (Annexure – I). The Corporation will issue a single Master Policy incorporating all the assurances effected under the Scheme.

15. *Settlement of death claims.*— The settlement of the death claims would be subject to the Nodal Agency submitting to the Corporation claim-*cum*-discharge form (Annexure-III, III A, III B) and original of the Death Registration Certificate and copy of the Red Ration Card in respect of the deceased Member.

Death claims should be preferred with the Corporation within six months of the date of death of the Insured Member. Claims delayed beyond six months may be considered by the Competent Authority with suitable reason for delayed submission and on request by the Nodal Agency.

Place

*Signature of the Authorised Official  
of the Nodal Agency.*

Date :

---

#### ANNEXURE – II

#### LIFE INSURANCE CORPORATION OF INDIA PENSION AND GROUP SCHEMES DEPARTMENT VELLORE BRANCH OFFICE

#### GROUP INSURANCE SCHEME UNDER THE SCHEME RAJIV GANDHI JANASHREE BIMA YOJANA (AAM ADMI)

#### Master Proposal for Group insurance for the eligible spouses of the BPL members of the Union Territory of Puducherry

1. (a) Name of the proposers :
- (b) Address :

- 
2. (a) Name of the Nodal Agency :
- (b) Address :
3. (a) Nature of business :
- (b) Products manufactured :
4. (a) Is the Scheme to be administered by the trustees ?
- (b) Is the Scheme to be approved under any of the sections of Indian Income Tax Act, 1961? If so, which?
- (c) Name of the Scheme :
5. Does the proposed Scheme replace any of the existing benefits ?
- If so, give details
6. Date of commencement of the Scheme :
7. What are the conditions of eligibility for membership of the Scheme ?
8. (a) Are a particular section of employees to be excluded ? If so, please give names and reasons for exclusion separately.
9. What is the normal retirement age ?
10. Contributions :—
- (i) By the employees :
- (ii) By the employer :
11. Mode of payment of contributions :

12. Was a proposal for a Scheme made :  
before to any other office of the  
Corporation? If so, please give details.
13. State briefly the benefits required—
- (a) On death of the employees in service :
  - (b) On leaving service :
  - (c) On total and permanent disability :
  - (d) On retirement :
  - (e) Vesting conditions for benefits :
14. Give details of any other benefits :  
required.

#### DECLARATION

We request the Life Insurance Corporation of India to issue a Master Policy on the basis of information furnished by us and such further information which the Corporation may require us to give for the purpose of the Scheme referred to in 4(c) above and to effect the necessary assurances thereunder in accordance with the provision of the rules of the said Scheme, certified true copy of which is attached hereto.

It is hereby declared that we undertake and bind ourselves to furnish to the Corporation full particulars as may be necessary of all statements, declarations by the eligible employees, reports and certificates in respect of every person on whose life the assurance or assurances are to be effected under the Master Policy in the form and manner required by the Corporation. We further agree that this proposal together with the particulars, statements and declaration by the eligible members, Nodal Agency or ourselves shall form the basis of the Master Policy. We also agree that the assurances proposed under the Scheme shall not be binding on the Corporation until they



are accepted by the Corporation in writing and the amounts of premium due thereunder and demanded by the Corporation shall have been duly paid.

We confirm the accuracy of the above particulars and agree that the Master Policy to be issued consequent upon this proposal shall be issued only on the basis that any statement made or to be made to the Corporation and the Corporation's Medical Examiner in respect of eligible employees intended to be assured thereunder shall be true and correct in every particular and we further agree that any misstatement or untrue averment on the basis of which the assurances have been effected on the life of any member, shall be render voidable the particular assurance or assurances in respect of which the misstatement or untrue averment by whomsoever have been made.

Dated at Puducherry on .....

*Signature of the Authorised  
Official of the Nodal Agency.*

---

ANNEXURE – II A

LIFE INSURANCE CORPORATION OF INDIA  
**PENSION AND GROUP SCHEMES DEPARTMENT**  
**VELLORE BRANCH OFFICE**

**SIMPLE ADMINISTRATION SCHEME**  
**[Rules for Group Insurance Scheme for Spouses of Rajiv Gandhi**  
**Janashree Bima Yojana (AAM ADMI)]**

**Section – I**

1. *Definitions.*— In these rules, where the context so admits, the masculine shall include the feminine the singular shall include the plural and the following words and expression shall, unless repugnant to the context, have the following meanings.

(i) “Nodal Agency” shall mean the Department of Revenue and Disaster Management, Saram, Puducherry in the Union territory of Puducherry.

(ii) “The Corporation” shall mean the Life Insurance Corporation of India established under Section 3 of the Life Insurance Corporation Act, 1956.

(iii) “The Scheme” shall mean Group Insurance for the eligible Spouses of “Rajiv Gandhi Janashree Bima Yojana (AAM ADMI) Scheme”.

(iv) “The Rules” shall mean the Rules of the Scheme as set out below and as amended from time to time.

(v) “The Member” shall mean the particular member who has been admitted to membership of the Scheme and on whose life an assurance has been or is to be effected in accordance with the Rules.

(vi) “Effective Date” shall mean the date of receipt of premium \_\_\_\_\_

(a) Date of commencement 1st day of .....

(vii) “Annual Renewal Date” shall mean the 1st day of ..... and the 1st day of ..... in each subsequent year.

(viii) “Entry Date” shall mean—

(a) In relation to the Members admitted to the Scheme on the Effective Date; and

(b) In relation to new members will be included in the next Annual Renewal Date.

(ix) “Terminal Date” shall mean in respect of each Insured Member the date on which he completes the age of 60 years.

(x) “The Assurance” shall mean the particular assurance to be effected on the life of the Member.

(xi) "The Beneficiary" shall mean the person or persons who has/have been appointed by the Insured Member as Beneficiary/Beneficiaries and whose name or names have been entered in the records kept by the Nodal Agency is being eligible for the benefits of the Scheme.

2. The Nodal Agency will act for and on behalf of the Member in all matters relating to the scheme and every act done by agreement made with and notice given to the Corporation by the Nodal Agency shall be binding on the Nodal Agency and the Members.

3. *Eligibility.*— (a) The Members who are within the following category shall be eligible to join the Scheme.

The Spouses of Rajiv Gandhi Janashree Bima Yojana (AAM ADMI) members who have attained the age of 18 years but have not attained the age of 60 years.

Present members who on the effective date are within the above category shall join the Scheme as from that date. Present members who are not within the above category on the effective date shall join the Scheme as from the date on which they become eligible.

(b) No member shall withdraw from the Scheme, while he is still an eligible Members satisfying the conditions of eligibility described above.

4. *Evidence of age.*— The age of the Members as admitted in the records of the Red Ration Card Holders shall be admitted by the Corporation for the purpose of the Scheme.

## Section – II

5. *Termination of assurance.*— The assurance on the life of a Member shall immediately terminate upon the happening of any of the following events and no benefits will become payable thereunder.

- (a) Termination of the Scheme, or
- (b) Discontinuance of contribution relating to the assurance, or
- (c) The Member reaching the terminal date, or
- (d) The Member ceasing the eligibility condition of the Scheme.

6. *Restrain on anticipation or encumbrance.*— The benefits assured under this scheme are strictly personal and cannot be assigned, charged or alienated in any way.

7. *Discontinuance or amendment of the Scheme.*— The Nodal Agency reserves the right to discontinue the Scheme or to amend the rules hereof on any annual renewal date, subject to three months notice being given to the Corporation.

8. *Jurisdiction.*— All assurances issued under the Scheme shall be Indian contracts. They will be subject to Indian Laws including the Indian Insurance Act, 1938 as amended, the Life Insurance Corporation Act of 1956, the Income Tax Act, 1961 as amended and to any Legislation subsequently introduced. All benefits under the Scheme arising out of death of any Insured Member shall be payable in Indian rupees.

9. *Master policy.*— The Nodal Agency will be required to complete a Master Proposal form (Annexure – II). The Corporation will issue a single Master Policy incorporating all the assurances effected under the Scheme.

10. *Rates of premium and conditions of assurances.*— The rates of premium and conditions of assurances under which the Corporation is prepared to arrange the Scheme shall be subject to an agreement between the Nodal Agency and the Corporation. The conditions of assurance and the rates of premium may be amended by the Corporation from time to time on any annual renewal date subject to 3 months notice being given to the Nodal Agency.

The rate of premium is Rs. 100 per member per Rs. 20,000 sum assured.

The assurance shall be held by the Nodal Agency “Upon Trust” for the benefit of the persons entitled thereto in accordance with these rules. The Nodal Agency shall have no beneficial interest on the assurance effected hereunder.

Place :

*Signature of the Authorised Official  
of the Nodal Agency.*

Date :

## ANNEXURE – III

**GROUP INSURANCE SCHEME UNDER THE SCHEME  
RAJIV GANDHI JANASHREE BIMA YOJANA (AAM ADMI)**

HEAD OF THE FAMILY

M.P. No. /JBY/

**CLAIM FORM****Part -A**

(To be completed by the beneficiary)

1. Name and address of the deceased :  
member
2. Name and address of Nodal Agency :
3. Membership No. :
4. Date of entry into the Scheme :
5. Name of father/husband :
6. (a) Date of death :  
(b) Age at death :
7. (a) Place of death :  
(b) Cause of death :
8. Name of nominee :
9. Full address of nominee :
10. Relationship with member :
11. Name and address of Bank and :  
S.B. A/c. No.

I hereby declare that the answers to all the above questions are true in every respect.

Place :

Date :

*Signature of beneficiary*

Witness : (Signature)

Name :

Address :

**Part-B**

(To be completed by the Nodal Agency)

Certified that the replies to the above questions are correct in every respect. Nominee named above is registered at Serial No. .... in the record maintained by the Nodal Agency.

*Seal* *Signature of the Authorised Signatory of  
the Nodal Agency/Master Policy Holder.*

**Part-C****DISCHARGE RECEIPT**

We ..... hereby acknowledge receipt from Life Insurance Corporation of India a sum of Rs. .... (Rupees ..... ) in full and final satisfaction and discharge of all our claims under the above Master Policy on the life of member ..... dated at ..... this ..... day of ..... 20 ..

Revenue  
Stamp

*Seal* *Signature of Authorised Official of the  
Nodal Agency / Master Policy Holder*

**Part-D**

Please send the claim amount by cheque to the credit of Savings Bank A/c. No. held by the beneficiary with ..... (Name and Address of the Bank).

*Seal* *Signature of Authorised Official of the  
Nodal Agency / Master Policy Holder.*

## ANNEXURE – III A

**GROUP INSURANCE SCHEME UNDER THE SCHEME  
RAJIV GANDHI JANASHREE BIMA YOJANA (AAM ADMI)**

SPOUSE

M.P. No. GI /

**CLAIM FORM****Part-A**

(To be completed by the beneficiary)

1. Name and address of the deceased :  
member.
2. Name and address of Nodal Agency :
3. Membership No. :
4. Date of entry into the Scheme :
5. Name of father/husband :
6. (a) Date of death :  
(b) Age at death :
7. (a) Place of death :  
(b) Cause of death :
8. Name of nominee :
9. Full address of nominee :
10. Relationship with member :
11. Name and address of Bank and :  
S.B. A/c. No.

I hereby declare that the answers to all the above questions are true in every respect.

Place :

*Signature of beneficiary.*

Date :

Witness : (Signature)

Name :

Address :

**Part-B**

(To be completed by the Nodal Agency)

Certified that the replies to the above questions are correct in every respect. Nominee named above is registered at Serial No. .... in the record maintained by the Nodal Agency.

*Seal*

*Signature of the Authorised Signatory of  
the Nodal Agency/Master Policy Holder.*

**Part-C****DISCHARGE RECEIPT**

We ..... hereby acknowledge receipt from Life Insurance Corporation of India a sum of Rs. .... (Rupees ..... ) in full and final satisfaction and discharge of all our claims under the above Master Policy on the life of member ..... dated at ..... this ..... day of ..... 20 ..

Revenue  
Stamp

*Seal*

*Signature of Authorised Official of the  
Nodal Agency / Master Policy Holder.*

**Part-D**

Please send the claim amount by cheque to the credit of Savings Bank A/c. No. held by the beneficiary with .....  
(Name and address of the Bank).

*Seal*

*Signature of Authorised Official of the  
Nodal Agency / Master Policy Holder.*



## ANNEXURE – III B

**GROUP INSURANCE SCHEME UNDER THE SCHEME  
RAJIV GANDHI JANASHREE BIMA YOJANA (AAM ADMI)**

## DEPENDANT FAMILY MEMBER

M.P. No. /JBY/

**CLAIM FORM****Part-A**

(To be completed by the beneficiary)

1. Name and address of the deceased :  
member.
2. Name and address of Nodal Agency :
3. Membership No. :
4. Date of entry into the Scheme :
5. Name of father/husband :
6. (a) Date of death :  
(b) Age at death :
7. (a) Place of death :  
(b) Cause of death :
8. Name of nominee :
9. Full address of nominee :
10. Relationship with member :
11. Name and address of Bank and :  
S.B. A/c. No.

I hereby declare that the answers to all the above questions are true in every respect.

Place :

*Signature of beneficiary*

Date :

Witness : (Signature)

Name :

Address :

**Part-B**

(To be completed by the Nodal Agency)

Certified that the replies to the above questions are correct in every respect. Nominee named above is registered at Serial No. .... in the record maintained by the Nodal Agency.

*Seal* *Signature of the Authorised Signatory of  
the Nodal Agency/Master Policy Holder.*

**Part-C****DISCHARGE RECEIPT**

We ..... hereby acknowledge receipt from Life Insurance Corporation of India a sum of Rs. .... (Rupees ..... ) in full and final satisfaction and discharge of all our claims under the above master policy on the life of member ..... dated at ..... this ..... day of ..... 20 ..

Revenue  
Stamp

*Seal* *Signature of Authorised Official of the  
Nodal Agency / Master Policy Holder.*

**Part-D**

Please send the claim amount by cheque to the credit of Savings Bank A/c. No. held by the beneficiary with .....  
(Name and Address of the Bank).

*Seal* *Signature of Authorised Official of the  
Nodal Agency / Master Policy Holder.*

## ANNEXURE – IV

**GROUP INSURANCE SCHEME UNDER THE SCHEME  
RAJIV GANDHI JANASHREE BIMA YOJANA (AAM ADMI)****CLAIM FOR DISABILITY BENEFIT**

(Questionnaire to be completed by the Life Assured Claiming  
Disability Benefit)

**Part - I**

1. Name in full of the Life Assured :
2. Present age :
3. Occupation :
4. Full address :
5. Particulars of policies held :

Policy No.	Sum assured	Name of Office servicing the policy
(a)		
(b)		
(c)		
(d)		

**Part - II**

1. Nature of disability and parts of the :  
body affected.
2. Date from which you are disabled :

3. Describe in brief the circumstances :  
under which you were disabled.  
Mention the date, time and place of  
incident as a result of which you  
were incapacitated.
4. (a) If the disability arose as a result :  
of an accident state the name of  
the Police Station to which the  
accident was reported  
mentioning the Police Case No.,  
and date (Attach a copy of the  
Final Police Investigation  
Report certified by the Police  
Authorities).
- (b) If the accident was not reported :  
to the police, state the reasons  
therefor. Mention the full  
names, addresses and your  
relationship with two persons  
who have witnessed the incident.
5. (a) Mention the nature of injuries :  
received and the parts of the  
body affected.
- (b) State the names of the Doctor/s :  
Hospital/s who/which treated  
you for the ailments/injuries/  
disablement.

*Note :* Attach certificate issued by the :  
doctor/s Hospital/s in regard to  
the treatment for ailments/  
injuries/disablement. (5) Mention  
your present vocation.

I ..... do hereby declare that the foregoing statements are true and correct to the best of my knowledge.

Dated at ..... this ..... day of ..... 2010.

*Signature/Thumb Impression of Life Assured*  
*Name of Life Assured.*

Signature of witness :

Name :

Designation :

Address :

---

ANNEXURE – IV A

**GROUP INSURANCE SCHEME UNDER THE SCHEME RAJIV  
GANDHI JANASHREE BIMA YOJANA (AAM ADMI)**

**CLAIM FOR DISABILITY BENEFIT UNDER POLICY NUMBER**

(Questionnaire to be completed by the Doctor / Hospital who/  
which treated the life assured for his ailments/injuries/disability)

- I. (i) Name of the patient :
- (ii) Apparent age :
- (iii) Occupation :
- (iv) Full address :
- (v) Marks or physical peculiarities :  
for purposes of identification.
- II. (i) Consultation (a) Date :
- Admission (b) Time :
- (c) Place :

(ii) Exact history reported at the time :  
of consultation/admission.

(iii) Who reported the history :

III. Examination and diagnosis :

(i) Kindly describe in brief the :  
symptoms of the illness/the  
nature of injuries noticed on  
examination.

(ii) Did you find the symptoms / :  
nature of injuries noticed on  
examination consistent with the  
history reported on consultation /  
admission and if not, please  
state what in your opinion could  
have caused the symptoms/  
injuries.

(iii) What was the final diagnosis? :

IV. (i) Treatment :

(ii) Particulars of treatment given :

V. (i) What is the condition of the :  
patient at present?

(ii) Do you consider that the patient :  
is now incapacitated and cannot  
follow his usual vocation? and  
if so, please state:

(a) The nature of deformity, injury :  
in brief, Disease or illness  
which contributed to the  
causes leading to disability.

(b) What in your opinion caused :  
the patient's disability?

(c) The percentage of disability :

(d) The time required for him to :  
recover fully from the disability.

VI. Have you any information or remarks :  
to make concerning the ailments,  
habits or mode of living of the  
patient which may have a bearing on  
the disability.

Certified that the above information is correct as per records  
maintained by me/the hospital.

Date :

Place : *Signature.*

Address : *Name of the Doctor/Hospital.*

ANNEXURE – V

Date :

Policy No. JBY .....

**APPLICATION FOR SCHOLARSHIP UNDER  
SHIKSHA SAHAYOG YOJANA**

(a) Name of the member under RGJBY :  
(AAM ADMI).

(b) Membership No. :

- 
- (c) Occupation :
- (d) Address :
- (e) Name of the student / child :
- (f) Relationship with the member :  
mentioned at (a).
- (g) Caste : SC / ST / OBC / Others
- (h) Name of the school / institution :
- (i) Date of birth of child :
- (j) Standard /Class      Year :

*(Counter signed by the  
Authorised Signatory of the  
School / Institution and Seal)*      *Signature of the Member.*

---

TO BE FILLED BY THE NODAL AGENCY

- (1) Name of the Nodal Agency :
- (2) Address :
- (3) Date of commencement of the Scheme :

*(Seal of the Nodal Agency)*      *Signature of the Authorised  
Official of the Nodal Agency.*

---



ANNEXURE – V A

**LIST OF STUDENTS ELIGIBLE FOR SCHOLARSHIP UNDER SHIKSHA SAHAYOG YOJANA**

Sl. No.	Name of the Student	Institution's/ School's Name	Class in which studying	Member's Name	Caste SC/ST BC/OBC/ Others	Master Policy No.	Membership Number	For year and Quarter Ending	Amount to be paid
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)

Date :

Seal

*Signature of Authorised Officer  
of Nodal Agency.*

PART-II

LA GAZETTE DE L'ETAT

95

## ANNEXURE – V B

**CERTIFICATE OF UTILISATION**

We hereby certify that the scholarships to the following students under Shiksha Sahayog Yojana have been disbursed for the year as per the details given below :

Sl. No.	Name of the Students	Class	Name of the Institution/ School	Amount	Date of Disbursement
(1)	(2)	(3)	(4)	(5)	(6)

Date : *Seal* *Signature of Authorised Officer of the Nodal.*

## ANNEXURE – VI

**CLAIM PROCEDURE TO BE FOLLOWED UNDER THE SCHEME****“Rajiv Gandhi Janashree Bima Yojana ( AAM ADMI)”**

1. The eligible claimant/beneficiary should submit the prescribed claim form duly filled in along with necessary documents through VAO concerned within 180 days from the date of death/disability as the case may be.

2. The VAO, soon after the receipt of claim application, should make an entry in the ledger maintained by them. Then, after scrutiny of the claim form, the VAO either accept it on merit or reject it, if found defective. In any case, the scrutiny form prescribed for this purpose has to be filled by the VAO, wherein they have to specifically mention whether recommended / rejected. In case of rejection, the reason for rejection has to be mentioned and copy of the scrutiny form only should be given to the claimant / beneficiary after getting acknowledgement from them.

3. If the beneficiary / claimant is aggrieved by the rejection, they shall approach the Taluk Tahsildar concerned for remedy. The VAO shall immediately handover the eligible application all along enclosures to the Taluk Tahsildar concerned for further process. The Taluk Tahsildar after verification, shall forward it to Sub-Collector (Revenue) concerned who in turn, after verification shall forward it to the Collectorate concerned for onward transmission to the Life Insurance Corporation of India, Puducherry. The Officer who are all scrutinizing the claim application should record their recommendation/rejection as the case may be and in case of rejection the Claimant should be informed accordingly. In all cases, the ledger has to be maintained and necessary entries have to be made in it.

4. For issue of scholarships under Shiksha Sahayog Yojana for the students studying in IX to XII in all Government Schools. Necessary application from each individual students all along the list of eligible candidates received from school authorities shall be forwarded to the LIC for making scholarship payment in two installments.

5. The details of claim form and other forms to be submitted are as mentioned below:—

**(1) Head of the families:**

(A) Steps to be followed for claiming the Death Benefit :

(A) Natural Death:

- (i) Death Intimation Letter from the Nodal Agency
- (ii) Duly filled Claim Discharge Form
- (iii) Original Death Certificate
- (iv) Copy of the Ration Card attested by the Revenue Officer

Forms to be used : Annexure – III

(B) Death by Accident :

- (i) All of the above mentioned under the head (A) Natural Death.
- (ii) Attested copy of the (a) F.I.R (b) Post Mortem Report (c) Police Inquest Report.

Forms to be used : Annexure – III

(B) Procedure to avail Disability Benefit :

- (i) Intimation letter from the Nodal Agency with full particulars of Accident details.
- (ii) On receipt of the Intimation the verification will be made by LIC Official.
- (iii) Doctor Certificate with nature of degree of disablement in the prescribed format issued by LIC OF INDIA.
- (iv) Based on the Doctor's Certificate the case will be referred to Divisional Medical Referee, based on his decision claim will be processed.

Forms to be used : Annexure – IV, IV A.

(2) **Spouse** : Steps to be followed for claiming the Death Benefit.

(A) Natural Death :

- (i) Death Intimation Letter from the Nodal Agency
- (ii) Duly filled Claim Discharge Form
- (iii) Original Death Certificate
- (iv) Copy of the Ration Card attested by the Revenue Officer.

Forms to be used : Annexure – III A

(B) Death by Accident :

- (i) All of the above mentioned under the head (A) Natural Death.
- (ii) Attested copy of the (a) F.I.R (b) Post Mortem Report (c) Police Inquest Report.

Forms to be used : Annexure – IIIA

(3) **Dependant family members** :

(A) Steps to be followed for claiming the Death Benefit :

(a) Natural Death:

- (i) Death Intimation Letter from the Nodal Agency
- (ii) Duly filled Claim Discharge Form

(iii) Original Death Certificate

(iv) Copy of the Ration Card attested by the Revenue Officer

Forms to be used : Annexure – III B

(b) Death by Accident :

(i) All of the above mentioned under the head (A) Natural Death.

(ii) Attested copy of the (a) F.I.R (b) Post Mortem Report (c) Police Inquest Report.

Forms to be used : Annexure – III B

(B) Procedure to avail Disability Benefit :

(i) Intimation letter from the Nodal Agency with full particulars of Accident details.

(ii) On receipt of the Intimation the verification will be made by LIC Official.

(iii) Doctor Certificate with nature of degree of disablement in the prescribed format issued by LIC OF INDIA.

(iv) Based on the Doctor's Certificate the case will be referred to Divisional Medical Referee, based on his decision claim will be processed.

Forms to be used : Annexure – IV, IV A

**(4) Scholarship :**

Forms to be used for Scholarship : Annexure – V, V A, V B